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CONFIRMATION NO. 2104

<b>SERIAL NUMBER</b> 09/856,676	<b>FILING OR 371(c) DATE</b> 07/16/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 00537-187002
<b>APPLICANTS</b> <i>yes ms</i> Zheng Xin Dong, Holliston, MA; David H. Coy, New Orleans, LA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/28929 12/07/1999 which claims benefit of 60/111,186 12/07/1998 which claims benefit of 09/206,833 12/07/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>no nl ms</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Biomeasure Incorporated 27 Maple Street Milford, MA01757				
<b>TITLE</b> Glp-1 analogues				
<b>FILING FEE RECEIVED</b> 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	